

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Food & Standards Division
 Telephone: (860) 713-6160
 Email: food.standards@ct.gov
 Web Site: www.ct.gov/dcp

APPLICATION FOR LICENSE - BAKERY

INSTRUCTIONS:

All spaces must be completed - please print or type. This application must be accompanied by a check or money order for the appropriate fee as listed below made payable to: "Treasurer, State of CT." Application fees are non-refundable.
Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 450 Columbus Blvd. Ste., 801, Hartford, CT 06103

- ☐ **Bakery License Fee: (Based on**
***Number of**
Production **10 - 24 = \$**
Workers) 1 - 4 = \$ **100.00**
20.00 **25 - 99 = \$**
5 - 9 = \$ 40.00 **200.00**
 100 + = \$ 250.00

**Number of production workers is defined per CT General Statute 21a-152 as "...the number of persons engaged in the production of bread and pastry products, excluding porters, dishwashers, drivers, sales personnel and other employees not directly engaged in such production.*

Business Trade Name (dba)			
Physical Location of the Production/Storage Facility - Street Address		City	State
Telephone Number (with area code)		FEIN	Previous License Number (if applicable)
Corporation Name (If Applicable)			
Mailing Address (if different than above)			
Street Address		City	State
Applicant's Name & Title		Applicant's Email	

*Number of Production Workers:	Public or Private Water Supply	Waste Water Disposal System
	<input type="checkbox"/> Private Well <input type="checkbox"/> Public Supply	<input type="checkbox"/> Septic System <input type="checkbox"/> Public Sewers
Product Storage Requirements:	Sales Type (check all that apply):	
<input type="checkbox"/> Shelf Stable <input type="checkbox"/> Refrigerated/Frozen <input type="checkbox"/> Both	<input type="checkbox"/> Wholesale <input type="checkbox"/> Retail	

Certificates of approval shall be obtained from the local authority of the town, city or borough where the business is located or is proposed to be located. Certificates of approval shall not be required for locations where a previously approved food facility has been operating.

Check one, as applicable

- ☐ **ZONING APPROVAL NOT REQUIRED**
☐ **ZONING APPROVAL FOR BAKERY**

THIS IS TO CERTIFY THAT UNDER THE PROVISIONS OF SECTION 21a-152 OF THE GENERAL STATUTES, (I) (WE) HAVE APPROVED THE LOCATION OF THIS BAKERY:

Signed: _____ Title: _____
 Chairperson of Zoning Board or Other Town or City Official Date Signed: _____

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

INSPECTION DATE :		INSPECTED BY :	APPROVED BY :	APPROVAL DATE :
FEE DUE :		FEE COLLECTED :	CHECK OR MONEY ORDER #:	TOWN TAX CODE :
RENEWAL APPLICATION <input type="checkbox"/>	NEW APPLICATION <input type="checkbox"/>	LICENSE YEAR :	EFFECTIVE DATE :	EXPIRATION DATE :